

REPORTS INVENTORY

CONTROL NO.

DDS/OL/PD-9

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE
OF
REPORT

STATISTICAL

XX NARRATIVE

MACHINE-NAME LISTING

Report of Payments to be Withheld

| | | | |
|--------------------|-----------|----------|-----------------------------------|
| 3. FUNCTIONAL AREA | PERSONNEL | TRAINING | ADMIN. GENERAL OTHER (specify) |
| | LOGISTICS | SECURITY | |
| | MEDICAL | FINANCE | |

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not
number of copies)

Orig & I

Monthly

I

7. FORMAT (memorandum, form
computer print-out, etc.)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Typed memo

YES IF YES GIVE ADP PROCESSING NO.

Memorandum of understanding between
OL and OF dtd 3/1/6810. PREPARING COMPONENT (include lowest level
contributing information to report)11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

OL/PD/CAS

None

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

| GRADE | HOURLY RATE | X | HOURS PER REPORT | = | COST PER REPORT | X | TIMES PREPARED | = | COST PER YEAR |
|-------|-------------|---|------------------|---|-----------------|---|----------------|---|---------------|
| GS-5 | 3.57 | | 1/6 hr. | | .60 | | 12 | | 7.20 |
| GS-14 | 10.07 | | 1/12 hr. | | .84 | | 12 | | 10.03 |

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

17.23

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

(see No. 9)

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

 RETAIN AS IS OTHER (explain)

MAN-HOURS

DOLLARS

 CHANGE DISCONTINUE

16. DATE OF INVENTORY

22 Sept. 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130157-0

18. EXTENSION

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